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MEMORANDUM ON THE
SCHOOL OF MEDICINE

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MEMORANDUM

ON

THE SCHOOL OF MEDICINE

BY

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Columbia University

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Objects

I. The Objects of the School of Medicine of Columbia University shall be:

(a) to train men and women to be physicians of the highest type and to develop leaders of medical thought;

(b) to test and increase our knowledge of the art and science of medicine and to foster research;

(c) to apply that knowledge to the prevention, cure or alleviation of human ills.

Immediate Essentials

II. In planning for such a school we must differentiate between that portion of the entire scheme which is essential for the development of a medical school, designed to accommodate a definite number of students for the degree of M.D., and other portions not essential to this primary purpose, but necessary to complete the organization in its fullest possibilities.

Such subdivision can be illustrated by two concentric circles. In the smaller circle would be included, besides the school and laboratories, a general hospital and dispensary of sufficient size to supply the clinical material necessary for research and the undergraduate teaching.

Later Developments

In the larger circle would be included special hospitals or institutes for the better development of the special branches.

For the present we shall deal only with the smaller circle, leaving the outlying portion for further consideration.

Needs

To institute and carry on such a school of medicine it is necessary to obtain:

Land

Land sufficient in amount to accommodate the various buildings required at present and to allow for future development. The *site* should be convenient to clinical material and to the various methods of transportation of the city.

Buildings

Buildings to accommodate the various departments of the school, the laboratories, hospital, dispensary and dormitories for the students. These units must be so arranged as to allow the intimate correlation and coordination of teaching, research and care of the sick so necessary for the full development of

each. The school, hospital, dispensary and laboratories are so interdependent that their unity must be realized geographically as well as functionally.

Endowment sufficient to make it possible for the University to carry the greatly increased medical school budget involved in the proposed plan of organization.

IV. The Medical School

1. The Student Body. *Numbers*

Limited Numbers

The natural desire on the part of a university is to accommodate as many properly qualified students as apply to the institution. But in the teaching of medicine it must be accepted that there is a definite limit, beyond which a single unit cannot expand without lowering the quality of the instruction given.

Expansion

When the demand sufficiently exceeds this limit it should be met by duplicating the unit, rather than by crowding the facilities. It is believed that today such a limit is reached when a single class reaches 100.

It is more difficult to expand in the later clinical years, when facilities depend on hospital bed capacity, than it is in many of the laboratory courses in the first two years. For this reason the number admitted to the first two years should not exceed the accommodations of the later years. It should not be taken for granted that a certain percentage of those entering will fail to qualify for advancement, but it should be possible always to carry through to graduation all who are allowed to enter if their work is satisfactory. Vacancies will always probably occur and these can be well filled by admitting to advanced standing, students from other schools who may prove their fitness by proper tests.

Quality

The quality of the applicants for admission will naturally improve with the quality of the teaching, and the general reputation of the school. And it should be possible, with a

Quality

limitation of numbers, to select those who are best qualified for the work. Such a selection must be made with great care. It may soon be necessary to require three instead of the present two years of academic work, which must include a sufficient amount of physics, chemistry, biology, French or German and English. But other methods must also be devised for the

determination of a candidate's fitness for the study of medicine. His mental and personal qualification may be tested by a psychological examination and his record in his pre-medical work should be taken into account.

2. *Officers of Instruction.*

The success of such an institution will depend more on the character of the teaching body than upon any other one factor. Selection

The selection and further development, not only of the heads of the departments but also of their associates and assistants, must be matters for the exercise of the greatest care and wisdom.

In their *selection,* the three-fold purpose of the institution—teaching, research and the application of knowledge—must be borne in mind. In making appointments, irrespective of the grade, every attempt should be made to find and obtain the best available man for the position, wherever he may be. After carefully canvassing all possibilities, expert advice should be sought from outside the institution before the decision is made.

The character of the teaching personnel will depend also on the opportunities offered them. This includes both a proper salary and facilities for work. The former should be adjusted to the needs of the individual. For the full-time worker, whether he be in a laboratory or a clinical department, the salary should be sufficient to free him from the necessity for outside employment. For the part-time worker whose main income is derived from other sources, the salary need be much less. But all men who are actually engaged in teaching should, if possible, have some financial reward in addition to the honor and respect the position brings. Salary

Of more importance than salary for either type of man is the proper arrangement of his work, so that he shall be freed from unessential details and useless waste of time. In the end the opportunity to carry on teaching and research under wholesome conditions is the most effective force for bringing into the medical school men of ability and ideals. Arrangement or Work

3. *Organization.*

The School and hospital should be organized and administered so as to include men who are qualified in all three Balanced Personnel

branches—teaching, research and the application of knowledge to the care of the sick. Each individual need not possess all three qualifications, but all must be represented and balanced throughout the school.

There should also be such cooperation and coordination not only within each department but between the different departments as will weld them all together into a single well balanced unit.

(a) *Laboratory Department.*

These Long on Full-Time Plan

The heads of many of these departments have long been on the full-time basis and with no legislation they have voluntarily refrained from any outside employment. The results in the advancement of knowledge have proved the value of such an arrangement.

Free in Their Investigation but Teaching Must Be Correlated

There must be no curtailment of the fields of investigation in these departments. They must be free to study and develop any part of their particular science. At the same time they should consider their problems from the standpoint of medicine as a whole. They must remember that they are primarily parts of a medical school and a hospital for the sick, lest their *teaching* lose that vital contact with medicine which is so essential to the best development of its art and science.

This better cooperation will be greatly aided by the geographical union of the laboratories and the hospital and therefore with the clinical departments. It can also be helped by including among the lower grades of their personnel, men who are being trained for the clinical departments. By serving a limited time in several of the laboratory branches, the younger men will gain a wider and firmer foundation for their clinical work. This arrangement has long existed in the Anatomical Department and a large percentage of the Surgical personnel are serving, or have served, as demonstrators of anatomy for two to ten years.

(b) *Clinical Department.*

Full-Time

The main clinical departments shall be reorganized on the full-time basis,—Medicine and Surgery immediately and Pediatrics as soon as financial and clinical facilities permit. It is hoped that other departments may later be similarly arranged.

At the head of each shall be placed a man of such training,

ability and character that he may assume full responsibility for and the direction of the general policies of the department, the character of the teaching, the hospital service and the nomination of his associates. It shall be his duty to develop a modern clinic of the best type.

Head of Department

Before considering further the organization of these departments, the following discussion of the "full-time" plan seems warranted by the existing ambiguity of the term, as evidenced by the widely divergent plans of organization now in force or planned throughout the country.

Discussion of Full-Time Plan

In the earlier days of medical education, practitioners gave a portion of their time to teaching. At first a student became associated with a practising physician who gradually taught him in all branches of the art.

Apprentice System

Later schools were formed where physicians concentrated their efforts on one branch of the subject.

Schools

At another period it was realized that if teachers were to keep abreast of the knowledge of the day and to make any independent advances, it was necessary for them to devote most of their time to investigation and teaching in their own particular branch. This plan of concentrated effort was first adopted in the laboratory branches and for a number of years, the leaders, and most of their assistants, in the departments of Anatomy, Chemistry, Physiology, Pathology and Bacteriology, have been men who have completely given up or have never entered the practice of medicine. The results in the betterment of teaching and in the advancement of knowledge have well proved the wisdom and necessity of such an arrangement.

Full-Time in Laboratory Department

Lately a similar development has been taking place in the clinical departments. In several medical schools the departments of Medicine, Surgery and Pediatrics are being reorganized on what is spoken of as the "full-time" or "university" basis. It is being widely accepted that such an arrangement is necessary for the best type of teaching, for the most successful clinical investigation and for the most skillful care of the sick.

The *essential principle* of this arrangement is that the dominating group of men in the main clinical departments must be free to concentrate their energies on their university and hospi-

tal work. There are two main factors which tend to interfere with this freedom, no matter how sincere the intentions of the men may be. These factors are insufficient assistance and the distractions of private practice. By providing the full-time men with sufficient assistance, professional, clerical, technical and menial, he may relieve himself of such unnecessary details as he desires. He must also be protected from the demands of private practice. The main purpose is to obtain a more truly university type of clinical teacher. The full-time plan is a means to this end—a method by which it may be obtained. Neither the time element nor the question of fees is, in itself, the essential point, and these must not be confounded with the primary object.

Details of Organization

There is apparently but little question in the minds of medical educators as to the wisdom and necessity of this main principle. There is, however, some doubt and much discussion concerning the details of organization. This is evidenced by the wide variation among the plans now in force and among others suggested. The main difficulty lies in the question of private practice. As a man's value as a clinician increases, the demands made for his services by the public naturally increase. If this increasing demand is satisfied he will have less and less time for his university duties. It therefore becomes necessary for these men to control the amount of private practice they shall do and the conditions under which it is done.

Limitation

The various so-called full-time plans may be summarized as follows:

Summary of Plans

Plan 1. No private practice and no outside employment.

Plan 2. Private practice at the discretion of the clinician but no fee is paid for such service.

Plan 3. As in Plan 2 except that the fee is paid to the University.

Plan 4. Private practice for fees allowed in such limited amounts that it does not interfere with the thorough, efficient and sincere fulfillment of his academic duties.

Plan 5. Unlimited private practice within the hospital.

Plan 1 has not been tried. Plan 2 is in effect at the Rockefeller Hospital and is the plan that will be recommended in this memorandum. Plan 3 is applied at Johns Hopkins. Plan 4 is in effect in several schools. Plan 5 was suggested in 1911 but it is not in effect.

Discussion of Plan 1

From an administrative standpoint *Plan 1* would be the simplest method. The full-time men would limit their clinical experience to the wards of the hospital and the dispensary. It seems unwise to deprive the public of these men's services, for patients who are not eligible for the charity wards are at times of great scientific, educational, or humanitarian interest.

Plans 2 and 3

Plans 2 and 3, where practice is restricted by removing the financial inducement, remove the above objection. The payment of the fee to the University, however, is strongly criticised by many men and is not entirely satisfactory to some of the men who have been working under that arrangement. Of the two, therefore, Plan 2 seems to be the preferable one.

Plan 4

If *Plan 4* were used the hospital would place a limited number of private rooms with office facilities at the disposal of men working on this basis. These men could then spend a large part of if not all of their time in the school and hospital. This plan, however, cannot be combined with Plan 2 without introducing a discordant element into the situation. The specific plan to be proposed for adoption therefore discards men on the Plan 4 basis.

Plan 5

Plan 5 is the one suggested by the Faculty of the College of Physicians and Surgeons in 1911 but does not meet the requirements of today, as with unlimited facilities within the hospital such private practice might well claim the major portion of a man's attention.

These five variations have all been spoken of as "Full-time" plans. Plans 1, 2 and 4 are consistent with the present statutes of Columbia University as to full time service.

Character of the Man of Greater Importance than Legislation

The success of any plan will depend on the character of the man in question and the spirit of the school. Any form of legislation will be unavailing if the wrong men are appointed to these positions. There are many forms of distraction besides private practice, especially in New York City, which might lure a man from proper fulfillment of his academic du-

ties. Some definite conception, however, is necessary in formulating any such reorganization.

Specific Plan Proposed.

The fundamental principle upon which these departments shall be reorganized is that the control of each main clinical department shall be vested in a director, associated with a differentiated group of men who are devoting all their time to the school and hospital, that they may build up and maintain a department where the best intensive clincial investigation and scientific research may be carried on with the teaching of students and the care of the sick.

In order to achieve this end it is believed to be wisest so to organize these departments that the director with all of his associates (those in charge of portions of the hospital service) and as many of his other assistants as he desires and can afford, shall be on the basis of Plan 2. They would see private patients at their discretion for scientific, educational, humanitarian or personal reasons and when they do no fee would be paid for such service. The head of the department shall not only be responsible for the general policies of the whole department, for the character of the teaching and for the nomination of his associates, but he shall be given every facility to develop a well-rounded, modern clinic, with sufficient clinical material in both wards and dispensary, with the specialized assistants, professional, clerical and menial, he requires and the necessary laboratories.

To carry on efficiently the teaching of two classes of 100 men each, in a clinical department, it is necessary to have a large corps of assistants. Especially is this true as the older lecture method is more and more replaced by recitations, conferences and practical work at the bedside, in the laboratories and dispensary. Even if it were advisable to have the entire department on a full-time basis, the expense in certain departments would be enormous and the plan therefore impractical. In addition to the group characterized above as under Plan 2, the conduct of hospital, dispensary and school requires additional assistance from men giving only part of their time to hospital, dispensary and school. The extent to which they are used should vary with the ideas and plans of the re-

spective directors, provided they are not made an essential part of the hospital organization.

The salary of the men on the Plan 2 basis should be sufficient to make them independent of any private work and that of the director should be enough to allow him to assume the position in the world that he deserves. The men on a part time basis will require a much smaller salary than that of the full-time men. Salaries

The head of the department with these associates should form an administrative board, which could relieve him of as much of the administrative details of the hospital and of the teaching as he chose. Unless he is so relieved and protected from the innumerable distractions of departmental matters he will prove sterile as a producer and will soon cease to be the inspiring and stimulating leader so necessary in a department of this kind. These men should have as much time for constructive thought and productive leisure as the head of a large industrial concern. By such a combination and coordination the department would become a well-rounded unit, which should result in great progress along all three lines—research, teaching and care of the sick.

V. *Administration.*

There should be a *large deliberative* body to include all teachers who are in charge of courses.

There should be a separate *legislative body* made up of the heads of the departments of Anatomy, Bacteriology, Biological Chemistry, Neurology, Obstetrics and Gynecology, Pathology, Pharmacology, Physiology, Practice of Medicine, Pediatrics and Surgery.

There should be a small *administrative body* with whom the Dean could advise as often as was necessary.

IV. *Hospital and Dispensary.*

The University Hospital must be in close geographical and functional relation to the medical school. Proximity of School and Hospital

It must be planned to contain sufficient beds to supply the clinical material necessary for classes of 100 students. The school should then limit its undergraduate teaching to the

University Hospital, except where the clinical material proved insufficient, as for instance at the present time in psychiatry, tuberculosis and infectious diseases.

If the student is to have a complete picture of a disease, and of more importance, if the patient is to be properly cared for, a longer stay in the hospital should be planned than is now the custom in most of the New York Hospitals. The demand for beds is so great that patients are often discharged as soon as they are able to stand the trip home and before they are really able to resume their home duties. This should be arranged for by providing good convalescent facilities, a good "follow-up system" and by a more generous supply of beds. To satisfy these conditions there should be 200 beds for Medicine, 200 for Surgery and 250 for the other specialties. The number of beds in a general University Hospital which shall be assigned to each of the specialties should be small, as it should aim to satisfy only the demands for undergraduate teaching.

Convalescent and Follow-Up Facilities

It is hoped that later on special hospitals such as the Sloane Hospital for Women, may be obtained adjacent to the University Hospital, for each of the specialties. As these become available the beds in the general hospital assigned to that specialty will be released and would be ready to satisfy new demands as they will arise. In this way the normal increase will be accommodated for some years to come.

Special Hospitals

It is hoped that the Vanderbilt Clinic will be moved with the school and built on such a scale as to include the outpatient function of that hospital.

Vanderbilt Clinic

VII. *Summary.*

The three-fold purposes of the School of Medicine are teaching, research and the care of the sick.

To attain these there must be:

(a) An intimate geographical and functional union with a University Hospital.

(b) Such limitation of numbers of students as will permit the consistent pursuit of a definite policy. Increasing demands may be met by a complete duplication of the whole unit.

(c) Reorganization of the main clinical departments on a full-time basis.

It is therefore recommended that:

(a) An organic affiliation be formed with the Presbyterian Hospital.

(b) That sufficient funds be obtained to furnish the necessary land, buildings and endowment.

This plan represents the best thought of the present time but will naturally be subject to such modifications and changes in future years as larger experience may suggest and justify.

COLUMBIA UNIVERSITY

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